

**TO:** Chair and Members of the Board of Health

**FROM:** Bryna Warshawsky, Acting Medical Officer of Health

**DATE:** 2013 February 19

---

## **TOPS & BOTTOMS: WOMEN'S CANCER PREVENTION AND SCREENING AWARENESS**

### **Recommendation**

*It is recommended that Report No. 027-13 re “Top & Bottoms: Women’s Cancer Prevention and Screening Awareness” be received for information.*

### **Key Points**

- The Middlesex-London Health Unit, with the help of community partners, extended outreach services to women to promote breast and cervical cancer prevention and screening services. Conversation Circles were provided with 42 different community groups, including nine that required the services of a translator.
- Ninety-nine percent of the participants from the conversation circles indicated they would access cancer screening programs and would tell family and friends to be screened.
- As well, over 200 people attended three large interactive events.

### **Background Information**

This year in Ontario, it is estimated that about 9,000 women will be diagnosed with breast cancer and that 1,900 will die from the disease. Prevention and early detection through screening has the potential to reduce these numbers. Cervical cancer is largely preventable with regular Pap test screening and human papillomavirus (HPV) vaccination. The Ontario Cancer targets for 2020 include: 90% of women aged 50–69 participating in organized breast screening; 95% of eligible women participating in organized cervical screening; and 95% of young women vaccinated against HPV before sexual activity begins.

October was “Breast Cancer Awareness Month” and October 21<sup>st</sup> to 27<sup>th</sup>, 2012 was “Cervical Cancer Awareness Week”. To support these two global health promotion initiatives, a number of activities were planned to target under and never screened women who live in London and Middlesex County based on the following facts:

- ⌘ Approximately half of all cancers can be prevented or detected early before becoming a serious health problem;
- ⌘ Ontario’s annual breast screening rates are below recommended rates and do not appear to be increasing;
- ⌘ Cervical cancer is the tenth most common cancer in Ontario females of all ages, but second most common among women under 50 years of age;
- ⌘ Immigrant women are less likely to participate in cancer prevention screening programs;

- ⌘ Individuals from lower socioeconomic backgrounds have significantly lower rates of participation in cancer screening programs;
- ⌘ Ontario's Breast screening guidelines were revised in 2011 and Ontario's Cervical screening guidelines were revised in May 2012.

## **The Tops and Bottoms Partnership**

In an effort to raise awareness of the importance of cancer prevention screening programs to under and never screened women, the Tops and Bottoms Campaign was created. The Sexual Health Promotion and Chronic Disease Prevention & Tobacco Control Teams at the Health Unit collaborated with the South West Regional Cancer Program, the London Public Library, Families First, and the Canadian Cancer Society; community agencies such as the Cross Cultural Learners Centre, London Intercommunity Health Centre and the London Food Bank also provided guidance and support to the campaign. Initiatives and tactics outlined in the publication *Engaging Seldom or Never Screened Women in Cancer Screening: A compendium of pan-Canadian best and promising practices (2010)* guided the Tops and Bottoms planning committee in their approach to reach out to under screened and never-screened women through Conversation Circles and educational events.

## **The Tops and Bottoms Campaign**

The first phase of the Tops and Bottoms campaign was launched by offering community Conversation Circles to encourage women to learn and talk about available cancer prevention screening programs. These intimate information sessions were offered to pre-existing women's groups, thereby ensuring a familiar and culturally safe environment that was easily accessible and had available childcare.

Project staff introduced basic concepts and information related to breast and cervical cancer. The conversation circles were an opportunity to provide information on how to prevent cancer, the role of human papillomavirus (HPV) in cervical cancer, and the availability of the HPV vaccine. The eligibility and accessibility to breast and cervical cancer screening programs within our community were outlined and the services available at the Health Unit's Sexual Health Clinics, including translation services and access to female doctors within the Birth Control Clinic were promoted.

The second phase of the Tops and Bottoms campaign included hosting three large interactive events located as follows: a well-known restaurant in Strathroy; the South London Neighbourhood Resource Centre; and the London Public Library. These events offered more in depth health information related to cancer prevention and screening services, plus an element of fun and entertainment.

In total, through this community partnership, Conversation Circles were provided to 42 different community groups within the Health Unit's jurisdiction, including nine that required the service of a translator. Ninety-nine percent of the participants from the Conversation Circles indicated on the evaluation that they would access screening programs, and most importantly, tell family and friends to be screened. As well, over 200 people attended the three interactive events. Together with its partners, the Tops and Bottoms campaign was able to reach out to our diverse and ever changing community to provide information and services in a culturally-appropriate and safe environment.

## **Conclusion**

The Tops and Bottoms campaign involved a successful partnership to promote breast and cervical cancer screening, particularly to groups of women who may be less likely to access these important interventions to prevent breast and cervical cancer. The Health Unit continues to work in collaboration with community partners to help reach established screening targets. Plans are already in place with community partners to work collaboratively to implement a similar campaign in the fall of 2013.

This Report was prepared by Ms. Kaylene McKinnon, Public Health Nurse, Chronic Disease Prevention & Tobacco Control Team, and Ms. Erica Zarins, Public Health Nurse, Sexual Health Team.



Bryna Warshawsky, MDCM, CCFP, FRCPC  
Acting Medical Officer of Health

**This report addresses the following requirement(s) of the Ontario Public Health Standards:**  
Chronic Disease Prevention – Cancer Screening #10, 11, 12, Sexual Health # 4, 5, 6, and 11